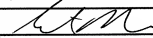


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM	Application Number	09/673,790
	Filing Date	03/13/2001
	First Named Inventor	Martin et al.
	Art Unit	3624
	Examiner Name	Thu Thao Haven
(to be used for all correspondence after initial filing)	Attorney Docket Number	068315.0105
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="text"/> Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Baker Botts LLP	Customer No.	21003
Signature			
Printed name	Robert L. Maier		
Date	04/02/2007	Reg. No.	54,291

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

Complete if Known

Application Number 09/673,790
Filing Date 03/13/2001
First Named Inventor Martin et al.
Examiner Name Thu Thao Havan
Art Unit 3624
Attorney Docket No. 068315.0105

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code	Code		
1001	2001	Utility filing fee	
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	
SUBTOTAL (1)			(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20 =	X	=0
Multiple Dependent	-3 =	X	=0

Large Entity	Small Entity	Fee Description
Code	Code	
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple dependent claim, if not paid
1204	2204	** Reissue independent claims over original patent
1205	2205	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity - Small Entity

Fee Code	Fee Description	Fee Paid
1051	2051	Surcharge - late filing fee or oath
1052	2052	Surcharge - late provisional filing fee or cover sheet
1053	1053	Non-English specification
1812	1812	For filing a request for ex parte reexamination
1804	1804	Requesting publication of SIR prior to Examiner action
1805	1805	Requesting publication of SIR after Examiner action
1251	2251	Extension for reply within first month
1252	2252	Extension for reply within second month
1253	2253	Extension for reply within third month
1254	2254	Extension for reply within fourth month
1255	2255	Extension for reply within fifth month
1401	2401	Notice of Appeal
1402	2402	Filing a brief in support of an appeal
1403	2403	Request for oral hearing
1451	1451	Petition to institute a public use proceeding
1452	2452	Petition to revive - unavoidable
1453	2453	Petition to revive - unintentional
1501	2501	Utility issue fee (or reissue)
1502	2502	Design issue fee
1503	2503	Plant issue fee
1460	1460	Petitions to the Commissioner
1807	1807	Processing fee under 37 CFR 1.17(q)
1806	1806	Submission of Information Disclosure Stmt
8021	8021	Recording each patent assignment per property (times number of properties)
1809	2809	Filing a submission after final rejection (37 CFR 1.129(a))
1810	2810	For each additional invention to be examined (37 CFR 1.129(b))
1801	2801	Request for Continued Examination (RCE)
1802	1802	Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,020.00

SUBMITTED BY

Name (Print/Type)	Robert L. Maier	Registration No. (Attorney/Agent)	54,291	Telephone	212-408-2500
Signature		Date	04/02/2007		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.